## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 113571

1. Entity Name

## MCFARLAND FURNITURE INCORPORATED



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90566 040 \*\*\*150.00

IFAX AVE.	S		•								
Principal Place of Business 1193 N HALIFAX AVE. DAYTONA BEACH FL 32118			Mailing Address 1193 N HALIFAX AVE. DAYTONA BEACH FL 32118								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			. City & State				<b>4</b> . F	El Number NOT APPLIC	ABLE -	> *·	oplied For of Applicable
	Country	Zip			ountry					<b>\$8.75</b> Add	ditional
6. Name and Address of Current Registered Agent					Y	I	7. Na	ame and Address of New Re	gistered .	Agent	
AND,JAMES	- <del>-</del> <del>-</del> -				Name  Street Address (P.O. Box Number is Not Acceptable)						
DAYTONA BEACH FL 32018								F + 7 Mark.			
-7/3		·			City				FL	· [	
e named entity tions of regist	submits this statement f ered agent.	or the purp	oose of changing its	s registere	ed office or r	egistered	i ager	nt, or both, in the State of Flor	ida. I am	amiliar with,	and accept
	or printed name of registered agen	t and title if app	olicable. (NOT	E: Registered	d Agent signature	a required wh	hen rein:	stating)	DATE		
r May 1, 200	3 Fee will be \$550.00							. •		\$5.0 Added	<b>0</b> May Be I to Fees
	OFFICERS AND	DIRECTO	DRS	11.			ADD	ITIONS/CHANGES TO OFFIC	CERS AND	DIRECTORS	S IN 11
PD				_	: T		,,,,,,		)		Addition
MCFARLA 1193 N. H	ALÍFAX		□ Delete	NAME STREE	E ET ADDRESS					Change	Addition
1193 N H	ALIFAX AVE	يسوني	Delete	NAME STREE	ET ADDRESS	- 725°				☐ Change	Addition .
DATIONA	BEAGITTE		☐ Delete	NAME STREE	ET ADDRESS					☐ Change	☐ Addition
			☐ Delete	. NAME	ET ADDRESS			,,,,,,		Change	Addition
			☐ Delete	STREE	ET ADDRESS	-				Change	Addition
			☐ Delete	TITLE					<u>-</u>	☐ Change	Addition
t	6. Name AND, JAMES HALIFAX AVE A BEACH FL e named entity tions of registe Signature, typed Signature, typed FILE NOW!!! or May 1, 200 k Payable to PD MCFARLAI 1193 N. H DAYTONA TSD LOUISE M 1193 N H/	Country  6. Name and Address of Curren  AND, JAMES D  HALIFAX AVE. A BEACH FL 32018  e named entity submits this statement of tregistered agent.  Signature, typed or printed name of registered agen  FILE NOW!!! FEE IS \$150.00  or May 1, 2003 Fee will be \$550.00  k Payable to Florida Department of PD  MCFARLAND, JAMES D  1193 N. HALIFAX  DAYTONA BEACH FL	Country Zip  Country Zip  6. Name and Address of Current Register  AND, JAMES D  HALIFAX AVE. A BEACH FL 32018  e named entity submits this statement for the purpitions of registered agent.  Signature, typed or printed name of registered agent and title it applications of registered agent.  FILE NOW!!! FEE IS \$150.00  or May 1, 2003 Fee will be \$550.00  k Payable to Florida Department of State  OFFICERS AND DIRECTO  PD  MCFARLAND, JAMES D  1193 N. HALIFAX  DAYTONA BEACH FL  TSD  LOUISE M. MCFARLAND  1193 N HALIFAX AVE	Country Zip  6. Name and Address of Current Registered Agent  AND, JAMES D  HALIFAX AVE. A BEACH FL 32018  e named entity submits this statement for the purpose of changing its tions of registered agent.  Signature, typed or printed name of registered agent and title it applicable. (NOT May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State  OFFICERS AND DIRECTORS  PD  MCFARLAND, JAMES D  1193 N. HALIFAX  DAYTONA BEACH FL  TSD  Delete  LOUISE M.MCFARLAND  1193 N HALIFAX AVE  DAYTONA BEACH FL  Delete  Delete	Country Zip Cour  6. Name and Address of Current Registered Agent  AND, JAMES D  HALIFAX AVE. A BEACH FL 32018  e named entity submits this statement for the purpose of changing its registered tions of registered agent.  (NOTE: Registered tions of registered agent and title it applicable.  FILE NOW!!! FEE IS \$150.00  or May 1, 2003 Fee will be \$550.00  k Payable to Florida Department of State  OFFICERS AND DIRECTORS  11.  PD Delete ITILE  TSD Delete ITILE  LOUISE M.MCFARLAND  1193 N. HALIFAX  DAYTONA BEACH FL  TSD Delete ITILE  LOUISE M.MCFARLAND  1193 N HALIFAX AVE  DAYTONA BEACH FL  Delete ITILE  NAME  STRE  CITY  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  STRE  CITY  DELETE  DE	Country Zip Country  6. Name and Address of Current Registered Agent  Name AND,JAMES D HALIFAX AVE. A BEACH FL 32018  City e named entity submits this statement for the purpose of changing its registered office or retions of registered agent.  (NOTE: Registered Agent signature)  FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 or May 1, 2003 Fee will be \$550.00 or Pricers AND DIRECTORS  D193 N. HALIFAX DAYTONA BEACH FL  TSD  LOUISE M.MCFARLAND 1193 N. HALIFAX DAYTONA BEACH FL  TSD  LOUISE M.MCFARLAND 1193 N. HALIFAX DAYTONA BEACH FL  TOD  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete	Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  City  C	Le Noville FEE IS \$150.00 r May 1, 2003 Fee will be \$50.00 k Payable to Florida Department of State  OFFICERS AND DIRECTORS  PD  MCFARLAND, JAMES D  OFFICERS AND DIRECTORS  TILE NAME  11. ADD  Delete  NAME  STREET ADDRESS  CITY-ST-2IP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  Delete  STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  DELETE  STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  STREET	Fig. etc.   Suite, Apt. Fi, etc.   CHECK HERE II   CHECK HER	Suite, Apt. #, etc.   Guernity   Country   Country   S. Certificate of Status Desired    Country   Zip   Country   S. Certificate of Status Desired    S. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    AND, JAMES D   Stroot Address (P.O. Box Number is Not Acceptable)    ABEACH FL 32018   City   FL  enamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida   Familiary    Signature typed or printed name of registered agent and site it applicable. (NOTE Registered Agent speakure required when remaining)   DATE    FILE NOW!!! FEE IS \$150.00   P. Election Company in Financing    FILE NOW!!! FEE IS \$150.00   P. Election Company in Financing    FILE NOW!!! FEE IS \$150.00   P. Election Company in Financing    FILE NOW!!! FEE IS \$150.00   P. Election Company in Financing    FILE NOW!!! FEE IS \$150.00   P. Election Company in Financing    FILE NOW!!! FEE IS \$150.00   P. Election Company in Financing    FILE NOW!!! FEE IS \$150.00   P. Election Company in Financing    FILE NOW!!! FEE IS \$150.00   P. Election Company in Financing    FILE NOW!!! 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Certificate of Status Desired   S8.75 Add Fee Require   S8.75 Add Fee

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-/-P-03 386-253-9786